

DATE: _____ RETURN APPOINTMENT: _____

PATIENT NAME: _____

DOCTOR NAME: _____

811 N Dixieland Rd
Rogers, AR 72756
Phone: 479-271-0277
Email: info@gdtlab.com
U.S. FDA Registration No:
3003929447



Tooth Number: _____ Gingival Shade: _____

Shade: _____ Arch: _____

Stump: _____ Rush Date: _____

CROWN & BRIDGE

Metal Free

- Full Zirconia
- Esthetic Zirconia
- Layered Zirconia
- IPS e.max

Porcelain Fused to Metal

- Non-Precious
- Semi-Precious
- High Noble White
- High Noble Yellow

Full Metal

- Non-Precious
- Semi-Precious
- High Noble White
- High Noble Yellow

NIGHTGUARDS

- Soft
- Hard
- Hard/Soft
- Thermoguard

REMOVABLES

- Essix Retainer
- Bleaching Tray
- Sports Guard
- Fluoride Tray

PARTIAL | DENTURE

- Custom Tray
- Bite Block/Base Plate
- Wax Try in with Teeth
- Premium Teeth
- Process & Finish

DENTURES

- Standard Denture
- Premium Denture
- Gasket Denture

CLASP PREFERENCE

- Flexible
- Tooth Colored
- Clear
- Wrought Wire
- Cast Metal

ESTHETIC PARTIALS

Bilateral

- Valplast Partial
- TCS Flex Partial
- Acrylic Partial

Unilateral

- Valplast
- TCS Flex
- Acrylic

METAL PARTIALS

- Cast Framework Only
- Framework & Teeth Set Up
- Cast Partial Complete
- Vitallium Framework Only
- Vitallium & Teeth Set Up
- Vitallium Partial Complete
- Process & Finish in **Acrylic**
- Process & Finish in **Valplast**
- Process & Finish in **TCS Flex**

BOUTIQUE SERVICES

Crown & Bridge

- Katana STML: Anterior
- Katana STML: Posterior

Acrylic Partial

- Wax Try in with Teeth
- Reset Teeth
- Process & Finish

Dentures

- Wax Try in with Teeth
- Reset Teeth
- Process & Finish

Relines & Repairs

- Next Day Hard Reline
- Next Day Soft Reline
- Denture Repair: 3-4 Days
- Same Day Denture Repair
- Next Day Denture Repair

Same day repairs MUST be picked up by **9am**.

Next day repairs MUST be picked up by **1pm**.

Date Case is Needed: _____

Time Case is Needed by: _____

Special Instructions

IMPLANT ABUTMENTS

- Titanium (Default)
- Zirconia
- Encode
- OEM (By Request Only)

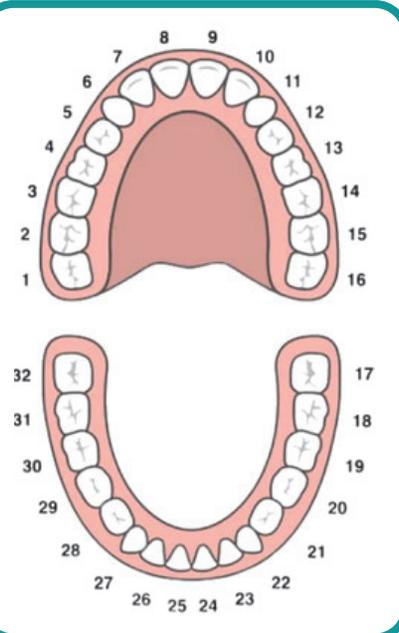
Implant Brand: _____

Implant Size: _____

Implant Platform: _____

CROWN & BRIDGE PREFERENCES (PLEASE SELECT)

Interproximal Contacts: Light | Moderate | Heavy
Insufficient Clearance: Spot Opposing | Reduction Coping | Metal Occlusal
Pontic Design: Ridge Lap | Modified Ridge Lap | Ovate



CASE ENCLOSURES (PLEASE CIRCLE)

Photos **Impressions** **Models** **Bite Registration**
Shade Tab **Implant Parts:** _____ **Other:** _____

Submit photos to photos@gdtlab.com or upload to our customer portal.